DOCUMENT RESUME

ED 404 028 PS 025 045

TITLE	Kids Count Alaska Data Book: 1996.
INSTITUTION	Alaska Univ., Anchorage. Inst. of Social and Economic Research.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.
PUB DATE	96
NOTE	115p.
PUB TYPE	Statistical Data (110) -- Reports - General (140)
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	Acquired Immune Deficiency Syndrome; *Adolescents; Birth Weight; Child Abuse; Child Neglect; *Children; Child Welfare; Crime; Demography; Dropout Rate; Drug Use; Early Parenthood; Economically Disadvantaged; Family (Sociological Unit); *Incidence; Infants; Mortality Rate; Poverty; State Surveys; Tables (Data); Violence; *Well Being
IDENTIFIERS	*Alaska

ABSTRACT

This statistical report examines findings on 15 indicators of children's well-being in Alaska: (1) percent of births with low birth weight; (2) infant mortality rate; (3) child poverty rate; (4) children in single parent families; (5) births to teenagers age 15 to 17; (6) teen (age 16 to 19) high school dropout rate; (7) teens not in school and not working; (8) child death rate (age 1 to 14); (9) teen (age 15 to 19) violent death rate; (10) juvenile (age 10 to 17) violent crime arrests; (11) immunizations by age 2; (12) teens smoking cigarettes; (13) teens using alcohol and drugs; (14) child abuse and neglect; and (15) sexually transmitted diseases and HIV. For each indicator presented, a definition and discussion of its significance, impact, and relevance to Alaska are provided. Results show that Alaska is better than the national average on percent of babies with low birth weight, percent of children living in poverty, high school dropout rate, juvenile arrest rate for violent crime, and births to teens; is near the national average of infant mortality; and is worse than the national average on percent of single parent families, percent of teens not in school and not working, child death rate, and teen violent death rate. Results also show considerable regional differences for some indicators. (KDFB)

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Kids Count Alaska

1996

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Kids Count is a nationwide program funded by the Annie E. Casey Foundation. The national program collects and publicizes information about the well-being of America's children. The Casey Foundation also sponsors state programs, including **Kids Count Alaska.**

Kids Count Alaska Data Book 1996

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Kids Count Alaska Advisory Council

When the **Kids Count Alaska** *program began in 1995, we established an advisory council made up of people familiar with the problems Alaska's children face. The council has helped guide the program and select indicators specific to Alaska.*

Bruce Botelho, State Attorney General

Bettye Davis, Representative, Alaska State Legislature

Johnny Ellis, Senator, Alaska State Legislature

Mark Hanley, Representative, Alaska State Legislature

Shirley Holloway, Commissioner, Alaska Department of Education

Liz Holmes, Executive Director, Anchorage Center for Families

Mike Irwin, Commissioner, Alaska Department of Community and Regional Affairs

Jeanette James, Representative, Alaska State Legislature

Thelma Langdon, Executive Director, Action for Alaska's Children

Ronald Otte, Commissioner, Alaska Department of Public Safety

Drue Pearce, Senator, Alaska State Legislature

Gene Peltola, Executive Director, Yukon-Kuskokwim Health Corporation

Karen Perdue, Commissioner, Alaska Department of Health and Social Services

Margaret Pugh, Commissioner, Alaska Department of Corrections

Other Advisors

Kids Count Alaska *thanks the following people and organizations for their help in preparing this data book. We could not have done it without their contributions and advice.*

Alaska Department of Health and Social Services

Diane Engel, Section of Epidemiology

Brad Gestner, Maternal, Child, and Family Health

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Nancy Buell, Office of the Commissioner, Alaska Department of Education

Dorothy Mae Knight, Alaska Department of Education

Nila Reinhart, Governor's Children's Cabinet

Marilyn Webb, Head Start, Alaska Department of Community and Regional Affairs

Greg Williams, Research and Analysis, Alaska Department of Labor

Kids Count Alaska *also thanks focus group participants, members of the statewide network, and participants at conferences and workshops for helping us understand children's issues in Alaska and interpret indicators in different regions of the state.*

Other State Data Books

Finally, we also got valuable insights from data books from other states.

Kids Count in Colorado, 1994

Georgians for Children, 1994

Citizens for Missouri's Children, 1995

Kids Count in Nebraska, 1995

New York State Kids Count, 1995

Oregon's Children and Families, 1994

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Many Alaskans are worried about children growing up in poverty, in broken homes, and in dangerous neighborhoods. Policymakers and others with responsibilities for Alaska children's well-being need reliable information about conditions affecting children.

Funded by a grant from the Annie E. Casey Foundation, the **Kids Count Alaska** program began in 1995. The program collects and publicizes information about trends in children's health, safety, and economic status as measured by indicators that cover all the developmental stages from birth through early adulthood. Those include 10 key indicators used by the national **Kids Count** program for all the states and additional indicators we selected to help show problems as well as progress in improving the well-being of Alaska's children. The goals of **Kids Count Alaska** are:

- Developing regional figures for indicators
- Selecting indicators specific to Alaska
- Distributing information about the status of Alaska children to government policymakers, program administrators, teachers, and others whose work involves the welfare of children
- Creating an informed public, motivated to help improve children's lives
- Enhancing efforts to improve the well-being of children and families

Overall, we hope the indicators compiled and disseminated by **Kids Count Alaska** will become an important tool that Alaskans in public and private life can use in developing policies and programs to help children and families. The table below shows numbers of Alaska's children by age, sex, and race, and how the share of children in the population changed in the first half of the 1990s.

Alaska's Children by Age, Sex, and Race, 1990 and 1995

	1990			1995		
	Total	**Male**	**Female**	**Total**	**Male**	**Female**
Total Population	330,043	289,868	260,175	615,900	320,390	295,510
Children By Age						
Under 1	11,963 (2.2%)[a]	6,109	5,854	10,555 (1.7%)[a]	5,330	5,225
1-4	44,014 (8.0%)	22,616	21,398	44,994 (7.3%)	22,909	22,085
5-9	51,508 (9.4%)	26,543	24,965	56,203 (9.1%)	28,668	27,535
10-14	42,939 (7.8%)	22,333	20,606	51,132 (8.3%)	26,169	24,963
17	7,453 (1.4%)	3,887	3,566	7,810 (1.3%)	4,191	3,619
18	7,069 (1.3%)	3,834	3,235	7,463 (1.2%)	4,026	3,437
15-18	29,515 (5.4%)	15,528	13,987	33,153 (5.4%)	17,630	15,523
19	7,913 (1.4%)	4,422	3,491	7,345 (1.2%)	3,980	3,365
Total 18 and under	179,939 (32.7%)	93,129	86,810	196,037 (31.8%)	100,706	95,331
Children[b] By Race						
White children	128,522 (23.4%)	66,877	61,645	135,669 (22.0%)	70,048	65,621
Total White	420,745 (76.4%)	224,286	196,459	466,113 (75.7%)	244,777	221,336
AK Native children	36,337 (6.6%)	18,497	17,840	42,141 (9.8%)	21,325	20,816
Total AK Native	86,252 (15.7%)	43,351	42,901	97,004 (15.8%)	48,535	48,469
Black children	8,389 (1.5%)	4,336	4,053	9,755 (1.6%)	4,967	4,788
Total Black	22,833 (4.2%)	12,556	10,277	26,792 (4.4%)	14,436	12,356
Asian/Pac children	6,691 (1.2%)	3,419	3,272	8,472 (1.4%)	4,366	4,106
Total Asian/Pac	20,213 (3.7%)	9,675	10,538	25,991 (4.2%)	12,642	13,349

[a] *Percentage of total Alaska population.*

[b] *18 and under*

Note: The racial breakdowns used throughout this publication are those of the Alaska Department of Labor and the U.S. Bureau of the Census. Persons of Hispanic origin can be of any race. The Alaska Native category includes other Native Americans; numbers of other Native Americans in Alaska are small.

Source: 1995 Alaska Department of Labor tabulations

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Between 1990 and 1995 the total population of Alaska increased about 12 percent, growing from 550,043 to 615,900. However, the number of children (18 and under) only grew about 9 percent, from 179,939 to 196,037. So the share of children in the population dropped slightly in the first half of the 1990s, from 32.7 percent to 31.8 percent. It was slower growth in the number of White children that caused the decline; numbers of children in other ethnic groups increased faster than the general population between 1990 and 1995.

This data book presents indicators by region of Alaska whenever possible; the map on page 9 shows the regions we used in developing regional indicators. Unfortunately, for some indicators not enough information is available to allow us to do regional breakdowns. Also, keep in mind a few important points about the indicators presented in this data book.

- ***Indicators don't measure the effectiveness of particular programs.*** They are broad indications of social conditions rather than specific measures of program performance.

- ***Regional indicators are either from 1990 or are averages for 1989-1993.*** Some regional information is collected only once every 10 years, during the national census; some is collected annually, allowing us to calculate 5-year averages. In small populations like Alaska's, indicators can fluctuate sharply from year to year—so averages over several years give a more accurate picture.

- ***The scale of the indicators varies.*** Some indicators are in percentages (which is a rate per 100); others are in rates per 1,000 or 100,000. Percentages are useful to show the most widespread events; for less common events different rates are more useful.

- ***Small differences in indicator levels*** among regions may be due to random fluctuations rather than actual differences.

- ***Not all areas or communities*** within a region have the same indicator levels as the region as a whole.

- ***The indicators are based on the most reliable data available***, but all data are subject to some error.

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Alaska Ranked Nationally in 1993

The national **Kids Count** program collects information on 10 indicators in all 50 states. The adjacent table shows how levels of those indicators in Alaska and in the U.S. as a whole compared in 1993, the most recent year for which figures are available.

How Alaska Ranked Nationally in 1993[a]
National Kids Count Indicators

	Alaska	U.S.
Alaska Better Than National Average		
Percent of babies with low birth weights	4.9%	7.2%
Percent of children living in poverty	13.0%	21.0%
Percent of teens (ages 16-19) who drop out of school	7.0%	9.0%
Juvenile arrest rate for violent crime (per 100,000 youths 10-17)	315	506
Births to teens (per 1,000 females 15-17)[b]	33	38
Alaska At or Near National Average		
Infant mortality rate (per 1,000 live births)	8.2	8.4
Alaska Worse Than National Average		
Percent of single-parent families	28.0%	26.0%
Percent of teens not in school and not working	12%	10%
Child death rate (per 100,000 children 1-14)	46	30
Teen violent death rate (per 100,000 teens 15-19)	98	69

[a] *Alaska figures in this table differ from figures in the regional graphs because they are for different years and are sometimes measured differently, depending on what regional information is available.*

[b] *Before 1993, this indicator measured the rate of births to teenage girls 15 to 19. The Alaska regional figures on page 25 are based on that previous definition.*

Source: *Kids Count Data Book, 1996*

kids count Alaska

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Early Childhood

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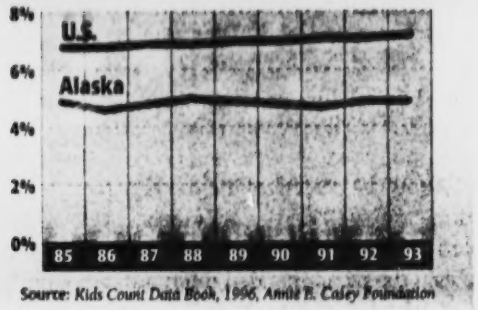
Babies With L

Trend 1985-1993
Percent Babies With Low Birth Weight



Source: Kids Count Data Book, 1996, Annie E. Casey Foundation

Definition

Babies considered to have low birth weights are those weighing under 2,500 grams (5.5 pounds) at birth. The data are reported in percentage of live births—by mother's place of residence, not place of infant's birth. Births of unknown weight are not included in these calculations.

Significance

While most American children get off to a healthy start, babies weighing less than 2,500 grams (5.5 pounds) at birth have a higher probability of experiencing developmental, physical, and behavioral problems.

Babies with low birth weights are more commonly born to low-income women and women over age 35. Inadequate nutrition and inadequate weight gain during pregnancy are major risk factors for low birth weight, as well as for intrauterine growth retardation, increased prenatal morbidity and mortality, and pre-term birth.

Impact

- Babies with low birth weights die more frequently during their first year of life than do babies born weighing more than 2,500 grams.[1]

- One study estimated that of the $11.4 billion spent nationally on health care for infants in 1988, about 35 percent (or $4 billion) was spent on the "incremental costs of low birth weight infants, with nearly half ($1.8 billion) going to rescue the very tiniest babies."[2]

- Charges for the initial hospitalization of a surviving infant weighing 500 to 600 grams at birth (under 1.5 pounds) averaged $1 million in the early 1990s.[3]

- Due to advances in neonatal care systems, many infants weighing only 750 grams (1 pound, 10 ounces) at birth are now surviving. But the survivors often face serious long-term health and developmental problems.[4]

- Babies with low birth weights are more likely to require special education. About half of all children who weighed less than 5.5 pounds at birth enroll in special education programs by the time they are 6 to 15 years old.[5]

- Low birth weight also puts babies at increased risk of mental retardation, neurological defects, growth and development problems, pulmonary dysfunction, visual and hearing defects, cerebral palsy, epilepsy, learning disorders, chronic lung problems, and child abuse and neglect.[6]

- If no pregnant women smoked cigarettes, 20 to 30 percent of all low-weight births and 10 percent of fetal and infant deaths could be prevented.[7]

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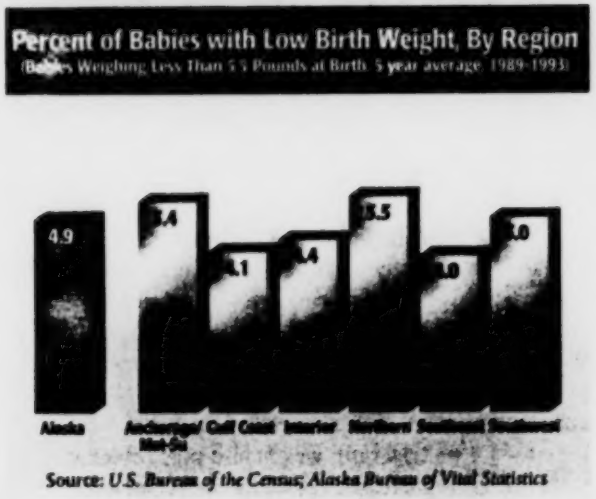
Low Birth Weight



What About Alaska?

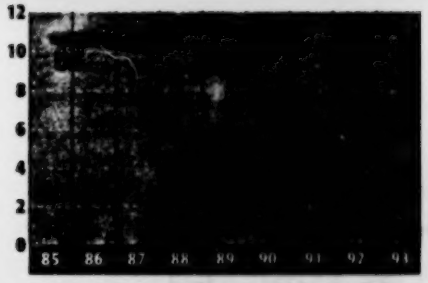
Relatively few (about 5 percent) of the babies born in Alaska over the years 1989-1993 weighed less than 2,500 grams; the percentage varied little across the state's regions, from 4 percent in the Southeast region to 5.5 percent in the Northern region.

In 1993, Alaska had the lowest percentage in the U.S. of babies with low birth weights. Moreover, Alaska has kept that percentage under 5 for the past decade.[8]

In 1991, 7.4 percent of infants with mothers participating in the Alaska WIC Program (a supplemental food program for low-income, nutritionally at-risk women and children) weighed 2,500 grams or less at birth. Due to funding limits, the Alaska WIC program currently serves only about 40 percent of eligible women and children.

About 19 percent of the mothers participating in the 1991 Alaskan Pregnancy Nutrition Surveillance System (PNSS) failed to gain the recommended minimum amount of weight during pregnancy.

Trend 1985-1993: Infant Mortality Rate
(Deaths Before Age 1 Per 1,000 Live Births)



Source: *Kids Count Data Book, 1996, Annie E. Casey Foundation*

Definition

The infant mortality rate is the number of deaths per 1,000 (live births) among infants under 1 year of age. The data are reported by the child's place of residence, not place of death.

Significance

Low birth weight and infant mortality are related: the infant mortality rate can be predicted with reasonable accuracy from the proportion of babies with low birth weights.[9]

The infant mortality rate has long been considered a barometer of the general health of a population. According to the World Health Organization, the infant mortality rate reflects the effectiveness of social and health care measures in general and of public health activities in particular. Reducing infant mortality requires not only providing education, nutrition services, and appropriate health care, but also reducing risk factors such as smoking, drinking, and drug use during pregnancy—as well as alleviating poverty.[10]

Families with fewer advantages are more likely to have babies with health problems. One recent study cited by the Casey Foundation found that infant mortality was 50 percent higher among poor families than among families with incomes above the poverty line. The link between poverty and infant mortality helps explain why the national infant mortality rate in 1993 was 16.5 per 1,000 births among Black Americans, compared with 6.8 among White Americans.[11]

What About Alaska?

According to the 1996 Kids Count Data Book, the infant mortality rate in the United States declined from 10.6 per 1,000 live births in 1985 to 8.4 in 1993. Infant mortality in Alaska decreased by 24 percent in recent years (from 10.8 per 1,000 live births in 1985 to 8.2 in 1993). The 1993 infant mortality rate in Alaska was near the national average.

In 1989, 43 percent of infant deaths in Alaska were among those that had weighed less than 5.5 pounds at birth.[12]

Alaska's infant mortality rate between 1989 and 1993 averaged 9.1 per 1,000 live births, with regional rates as low as 7.2 (in the Gulf Coast region) and as high as 16.1 (in the Northern region).

Native infants in Alaska have a mortality rate about 2.5 times that of White infants. In 1988, the infant mortality rate among White Alaskans was 6.9, while the Native rate was 17.2—also considerably higher than the national rate of 12.5 among Native Americans.[13]

Infant Mortality Rate
(Deaths Before Age 1 Per 1,000 Live Births 1989-1993)

Source: *U.S. Bureau of the Census; Alaska Bureau of Vital Statistics*

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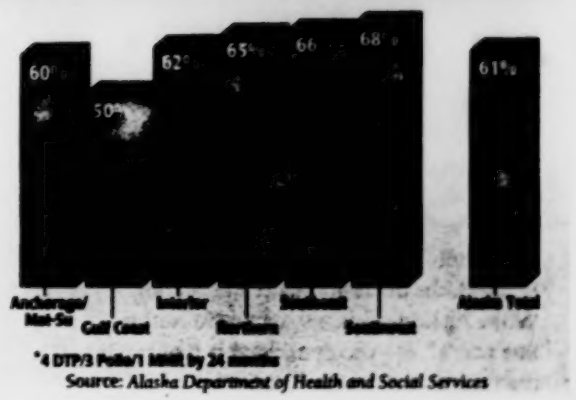
[redacted] by Age Two

Percent of Alaskan Children Immunized* at 24 Months, by Region, 1991-1996 5 year average



*4 DTP/3 Polio/1 MMR by 24 months

Source: *Alaska Department of Health and Social Services*

Definition

This indicator reports the percentage of Alaskan children who, by 24 months of age, have received the following vaccines against nine preventable diseases: DTP (diphtheria, tetanus, and pertussis); OPV (polio); MMR (measles, mumps, and rubella); Hib (*Haemophilus influenzae*, type b meningitis), and Hepatitis B (hepatitis B infection).

Significance

Immunizations not only improve children's health and save lives, but also reduce health care spending. Immunization may well be the most cost-effective public health tool available.

Impact

National studies indicate that every dollar spent for vaccines results in the following savings in direct medical costs and in indirect costs such as lost work time, death, and disability:

- $1 for DTP saves $29
- $1 MMR saves $21
- $1 OPV saves $6
- $1 Hib saves $2

What About Alaska?[14]

Alaska is a leader in effective childhood immunization programs. Alaska was the first state in the country to:

- Implement vaccine programs to prevent hepatitis B and *Haemophilus influenzae* type b (Hib), the leading causes of meningitis in children
- Use hepatitis A vaccine to prevent epidemics and establish a statewide hepatitis A vaccine program for all children
- Establish a vaccine distribution program so that all children in Alaska could receive free immunizations against vaccine-preventable diseases.

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During 1995, over 273,000 doses of vaccine, valued at more than $1 million, were distributed to Alaska's health care providers.

Each year Alaska conducts a Kindergarten Retrospective Survey. This survey examines the school immunization records of currently enrolled kindergarten students to determine which immunizations they had received by the time they were 24 months old. According to 1995-1996 data, Alaska's

Percentage of Alaskan Children Immunized at 24 Months, by Type of Vaccine

Vaccine/ Dose	1995 Nat'l Goal	1996 Nat'l Goal	Kindergarten Retrospective Survey 95-96	Nat'l Immun Survey 94-95
3+ DTP	87%	90%	91%	93%
4+ DTP	—	—	69%	74%
3+ Polio	85%	90%	80%	84%
1 MMR	90%	90%	86%	89%
3 DTP/ 3 Polio/ 1 MMR	—	—	76%	—
4 DTP/ 3 Polio/ 1 MMR	—	—	66%	72%

Source: *Alaska Department of Health and Social Services*

immunization levels for 3+ DTP, 3+ Polio, and 1 MMR are near the 1996 national goal of immunizing 90 percent of children by 2.

Another source of information about recent immunization levels is the telephone survey the National Center for Disease Control and Prevention did of Alaska households in 1994-1995. That National Immunization Survey found somewhat higher immunization levels than the Retrospective Survey found.

Between 1991 and 1996, immunization levels among 2-year-olds in Alaska increased from 52.7 percent to 65.6 percent, according to the Retrospective Survey. Immunizations levels also improved in most regions during that period, but there was considerable variation. The highest level in 1995-1996 was in the Southwest (78.6 percent) and the lowest in the Gulf Coast (49 percent).

Reported occurrences of vaccine-preventable diseases also indicate the success of Alaska's immunization programs. In the first half of the 1990s Alaska had extremely low levels of vaccine-preventable diseases. In particular, the value of immunization may be seen in the decreased number of reported cases of *Haemophilus influenzae* type b (Hib) meningitis after an effective Hib vaccine came into widespread use for infants in 1991.

Percent of Alaskan Children Immunized at 24 Months, by Region

Alaska Retrospective Survey of Kindergarten Immunization Records, 1991-1996, by Region

Vaccine/Dose	91/92	92/93	93/94	94/95	95/96
Anchorage/Mat-Su (n=375)	49.9%	61.1%	58.6%	63.3%	66.9%
Interior (n=75)	47.7%	59.2%	73.5%	64.7%	64.0%
Gulf Coast (n=96)	47.4%	54.1%	55.8%	44.0%	49.0%
Northern (n=34)	62.2%	76.0%	60.0%	61.0%	67.6%
Southeast (n=78)	63.6%	54.5%	70.0%	66.3%	75.6%
Southwest (n=28)	68.4%	58.8%	63.5%	71.7%	78.6%
Total (N=686)	52.7%	59.7%	62.8%	62.0%	65.6%

4 DTP/3 Polio/1 MMR by 24 months
Source: *Alaska Department of Health and Social Services*

Reported Cases of Vaccine-Preventable Diseases in Alaska, by Date of Diagnosis, 1990-1995

	1990	1991	1992	1993	1994	1995	Total
Diphtheria	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0	0
Pertussis	20	13	18	5	0	1	57
Measles	80	5	9	2	10	0	106
Mumps[a]	8	16	3	11	4	13	55
Rubella	0	0	0	1	0	0	1
Polio	0	0	0	0	0	0	0
Hib[b]	19	10	2	7	4	2	44
Hepatitis A	181	92	153	756	205	51[c]	1,438
Hepatitis B	50	39	21	14	14	12	150

[a] *Clinical Diagnosis;* [b] *Meningitis;* [c] *First year of vaccine licensure*
Source: *Alaska Department of Health and Social Services*

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Economic Well-Being
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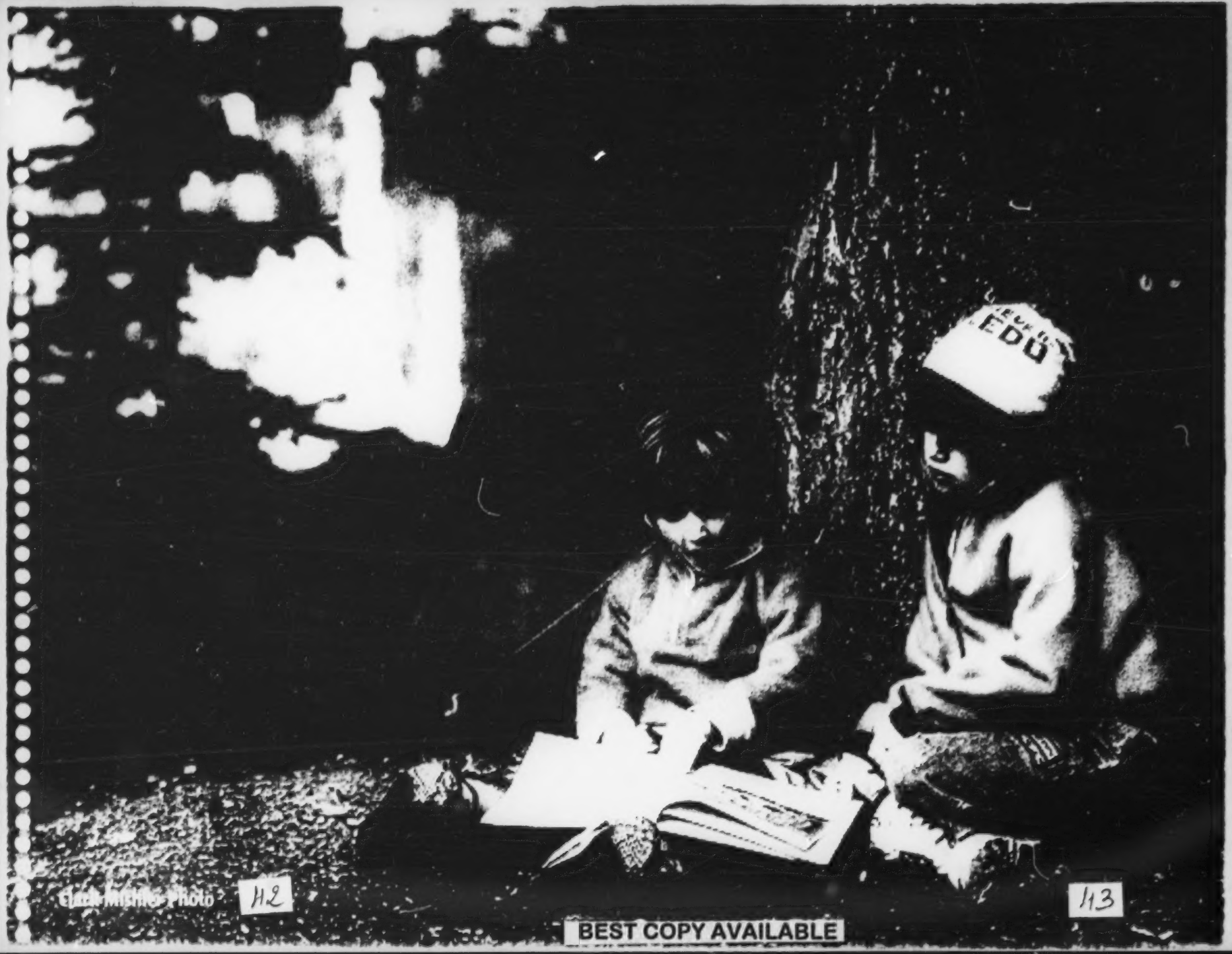

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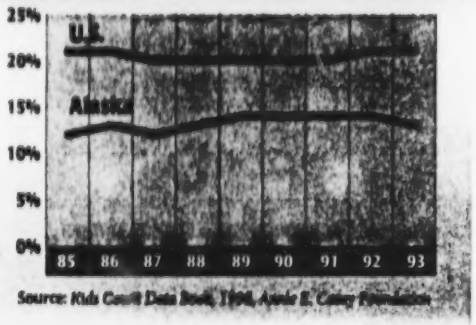
Poverty

Trend 1985-1993
Percent of Children in Poverty



Source: Kids Count Data Book, 1994, Annie E. Casey Foundation

Definition

This indicator shows the percentage of children (under age 18) living in families with incomes below the U.S. poverty threshold. Only children related to the family head by birth, marriage, or adoption are included in these calculations. The U.S. Bureau of the Census calculates the poverty threshold annually, and it is the same for all states—in 1993 the poverty threshold for a family of four was $14,763.[15]

Some analysts believe this federal poverty threshold tends to underestimate poverty in Alaska, because the cost of living in Alaska is higher. Some Alaska state programs use poverty guidelines that are roughly 25 percent higher than the national poverty threshold—$17,980 for a family of four in 1993[16]—but most federal assistance programs use the Bureau of the Census poverty threshold. Neither the federal poverty threshold nor the state poverty guidelines include the value of subsistence activities.

Significance

Poverty is nearly twice as common among children as among adults in the U.S. In fact, the poverty rate among children has risen dramatically in the past 20 years. In 1994, 21.8 percent of the nation's children lived in poverty. Between 1970 and 1994, the child poverty rate rose 44 percent, compared with a 32 percent increase in the poverty rate for adults aged 18 to 64 and a 52 percent drop in the poverty rate for the elderly.[17] Furthermore, the child poverty rate in the United States is significantly higher than in most other developed nations.[18]

- A stunning 26 percent of all American children under the age of six (more than one in four) are poor.[19]
- Almost 12 percent of American children under age six live in families with incomes that are 50 percent or less of the federally established poverty threshold.[20]
- Contrary to common belief, 57 percent of all poor children under age six live in families where both parents work. About 40 percent of all poor families with children under age six are supported exclusively by their own earnings—but these earnings are not sufficient to lift them out of poverty.[21]

Impact

Americans are worried about large numbers of children living in poverty. A growing body of research indicates that poverty can hinder the cognitive and physical development of children and reduce their ability to become productive adults.[22]

- Children living in poverty are very likely to lack access to health care, quality day care, recreation opportunities, and early childhood education.[23]
- The effects of poverty can be tempered. Children from low-income families who eat breakfast before they go to school do significantly better on standardized tests than those who go to school hungry.[24]
- Children born to families with fewer advantages are more likely to experience health problems at an early age, according to the Annie Casey Foundation. As noted

in the discussion of infant mortality, higher poverty rates help explain why infant mortality among Black Americans is more than twice as high as among White Americans.[25]

What About Alaska?

As measured by the federal poverty threshold, about 10.6 percent of Alaska's children lived in poverty in 1990, with regional percentages varying from 6.4 percent in the Southeast to 23.8 percent in the Southwest.

The national Kids Count Data Book reported that Alaska had the fourth lowest rate of poverty among children in the U.S. in 1993. But some analysts believe that the federal poverty threshold may be too low to reflect actual levels of poverty in higher cost areas like Alaska.

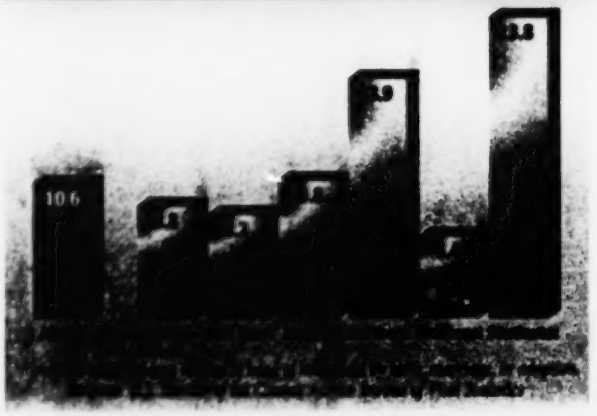
Under the higher poverty standard used for some Alaska programs—roughly 125 percent of the federal poverty threshold—12 percent of all Alaskans and 16 percent of Alaskan children under 19 lived at or below the poverty level in the early 1990s. Alaska's youngest children are most likely to be living in poverty. Nearly one in five Alaskan children (ages five and under) lived in poverty in recent years.[26]

Although Alaska's poverty rate remained relatively constant during the 1980s, the number of children living in poverty increased during the decade.

Alaska Native children are three times more likely to live in poverty than White children.[27] In 1990, 40 percent of the Alaskan children and teenagers living in poverty were Native, as compared with 33 percent in 1980.[28]

Percent of Children Living in Poverty, 1990

Share of Children Under 18 in Families with Incomes Below Poverty Level



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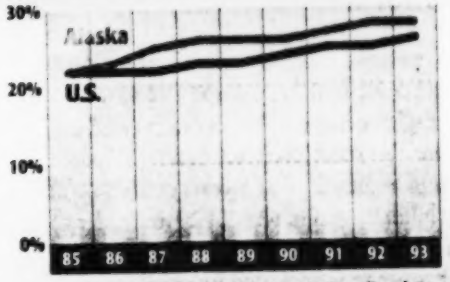
Children in Families Headed by Si[illegible]

Trend 1985-1993
Percent of Families Headed by Single Parent



Source: *Kids Count Data Book, 1996, Annie E. Casey Foundation*

Definition

This indicator shows the percentage of families with children under age 18 (related to the family by birth, marriage, or adoption), headed by either women or men without spouses present in the home. Most single-parent families are headed by women.

Significance

The percentage of families headed by single parents has risen steadily over the past few decades and is a growing point of concern among policy makers and the public. In 1993, over one quarter of all children under 18 in the United States lived with single parents, usually women. Of these, 35 percent lived with a parent who had never married and 37 percent lived with a divorced parent.

Based on current rates, half of all children today will spend at least some part of their childhood in single-parent families.

Impact

A child growing up in a single-parent family is more likely to face problems in late adolescence and early adulthood.

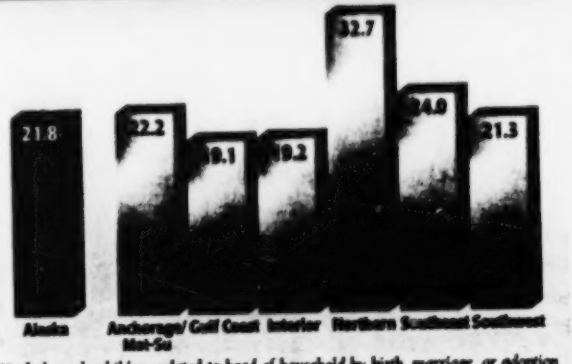
- Twenty-nine percent of children living in one-parent households at age 14 will not graduate from high school by age 20; among children living in two-parent families, only 13 percent will fail to graduate.[29]
- Seventeen percent of young men from single-parent families go through extended periods of not working and not going to school, compared with 12 percent of young men from two-parent families.[30]
- Twenty-seven percent of young women from single-parent families give birth while they are teenagers, compared with 11 percent of young women from two-parent families.[31]
- In 1992, 38 percent of divorced mothers and 66 percent of never-married mothers with children under 18 had incomes below the poverty line.[32]

What About Alaska?

In 1990, more than one in five (21.8 percent) of Alaskan families with children were headed by single parents, with the regional percentages varying from 19.1 to 32.7.

Data from the national **Kids Count** program shows that in 1993 Alaska had more single-parent families than the national average—28 percent as compared with 26 percent. Between 1985 and 1993, the share of Alaska families headed by single parents rose 27 percent.[33]

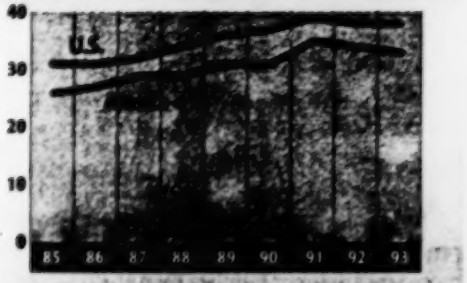
Percent of Families Headed by Single Parents, 1990
(Share of Families Headed by Single Parents With Children Under 18)



*Includes only children related to head of household by birth, marriage, or adoption.
Source: *U.S. Bureau of the Census; Alaska Bureau of Vital Statistics*

Trend 1985-1993: Teen Birth Rate

Births per 1,000 Females Ages 15-17



Source: *Kids Count Data Book, 1996*, Annie E. Casey Foundation

Definition

This indicator measures births per 1,000 girls ages 15-17. (Before 1993, the national Kids Count program included births to *single* teens 15-19. The regional graph on page 25 was calculated with data based on that previous definition.)

Significance

Teenage childbearing reduces opportunities for both mothers and children. Births to girls under 18 are especially troublesome, because the majority of these mothers are unmarried and most have not completed high school.[34]

Given the burden of parenthood, teen mothers are unlikely to finish school and therefore have a difficult time securing work that pays enough to support households with children.

Impact

Adolescent pregnancy affects both the adolescent mother and her child.

- The adolescent mother is less likely to seek prenatal care and less likely to finish high school. She is more likely to be single, poor, isolated, and depressed.[35]
- Teenage, never-married mothers are distinguished from the general population of single parents by their low educational attainment, social resources, and potential earnings—as well as by the decreased likelihood that the fathers of their children will help raise and support them.[36]
- In 1992, 8 percent of Aid to Families with Dependent Children (AFDC) cases were mothers under age 20; however, 52 percent of all the mothers collecting AFDC had their first children as teenagers. Total 1992 AFDC expenditures for these mothers and their children were estimated at $12.8 billion.[37]
- An estimated 29 percent of the fathers of children born to teenage mothers are either high-school dropouts or are at least two years behind in school.[38]
- Low birth weights and premature births are more frequent among children of single, teenage mothers. Such children are also more likely to require hospitalization within the first 5 years of life than are children born to women 20 and older.[39]
- Failure in school, delinquency, emotional difficulties, and other problems are more common among children born to single, teenage mothers.[40]
- Children born to single, teenage mothers are more likely to drop out of school, to become teenage mothers themselves, and to depend on welfare.[41]
- A child born to an unmarried, teenaged mother who dropped out of high school is ten times as likely to be living in poverty by ages 8 to 12 as a child born to an older, married mother who finished high school.[42]

What About Alaska?

From 1989-1993, Alaska's average rate of births to single teens (15-19) was 41 per 1,000 teenage girls, with regional rates as low as 27 and as high as 107.

From 1985 to 1992, the birth rate among Alaska's unmarried teens increased by 27 percent.[43] In 1992, Alaska's rate of births to single teens was close to the national average —43.7 per 1,000 girls (15-19) as compared with 42.5 per 1,000.

But in 1993, the national **Kids Count** program changed the definition of this indicator to include all births to teens 15 to 17, regardless of marital status, and eliminating births to those 18 and 19. Under that new measure, the 1993 rate of births to teenage mothers in Alaska was considerably below the national average—33 per 1,000 girls 15-17, as compared with 38 per 1,000.

Pregnant teenagers are less likely than older women to get adequate prenatal care. In 1990, for instance, 17 percent of Alaskan teens under 18 who gave birth received inadequate prenatal care, compared with just 7.1 percent among Alaskan women 20 years and older.[44]

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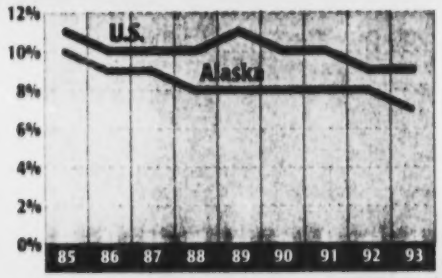
Teens Who Are High-School

Trend 1985-1993
Percent of Teenage High School Droputs



Source: Kids Count Data Book, 1996, Annie E. Casey Foundation

Definition

This indicator reflects the percentage of teens, ages 16-19, who are not enrolled in school (either full time or part time) and who have not graduated.

Significance

Graduating from high school is a stepping stone to both post-secondary education and good jobs. Students from lower-income families are more likely to drop out of school.

Impact

- Since 1970, incomes of adults without high-school diplomas have dropped dramatically while incomes of those with college degrees have increased dramatically. This national trend is expected to continue as the future job market demands more technical knowledge and advanced skills.[45]
- Over a ten-year period, earnings of male high-school dropouts decreased 12 percent and earnings of high-school graduates dropped 9 percent. By contrast, earnings of college graduates rose 10 percent.[46]
- Unemployment rates of high-school dropouts are more than twice those of high-school graduates.[47]
- In a lifetime, a male high-school dropout will earn $260,000 less than a high-school graduate; a female high-school dropout will earn $200,000 less.[48]
- More than one third of adults in working-poor families are high-school dropouts.[49]
- Between 1991 and 1992, 5.4 percent of high-school dropouts became poor, compared with only 2 percent among those with at least a high-school diploma.[50]
- Each year's class of dropouts, over their lifetime, cost the nation about $260 billion in lost earnings and forgone taxes.[51]
- Dropouts require 35 percent more special services than high-school graduates.[52]
- The estimated lifetime lost earnings from Alaska's 1991 dropouts will be over $500 million.[53]
- Among U.S. prisoners 82 percent are high-school dropouts. In Alaska, the annual maintenance cost per prisoner is $35,000.[54]

What About Alaska?

The percentage of high-school dropouts in Alaska is below the national average and has declined in recent years.[55]

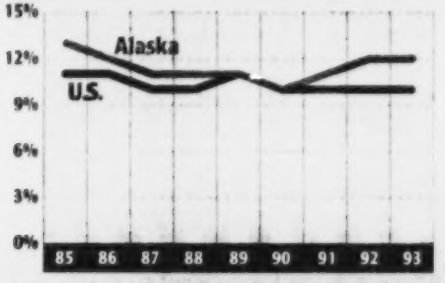
In 1990, 10.6 percent of Alaska students were high-school dropouts, with regional percentages varying from 9.3 to 14.7 percent

Percent of Teens Who Are High School Dropouts, 1990
(Among All Teens 16-19)

Source: U.S. Bureau of the Census; Alaska Bureau of Vital Statistics

Not in School and Not Working

Trend 1985-1993: Percent of Teens Not Attending School and Not Working



Source: *Kids Count Data Book, 1996, Annie E. Casey Foundation*

Definition

This indicator reflects the percent of teenagers, 16-19, who are not enrolled in school (full time or part-time), are not in the labor force, and are not in the military.

Significance

Young people who spend extended periods without going to school, holding jobs, or enlisting in the military are without any positive pathway to independent adulthood. These have been described as America's "disconnected" youth.[56]

Impact[57]

- One of three American youths between the ages of 16 and 23 stumble on the road to adulthood, spending a half year or more disconnected from society.
- Nearly 90 percent of those who are without jobs and out of school in late youth (ages 20 to 23) were first disconnected as teens.
- An estimated 37 percent of young women and 33 percent of young men who have been disconnected from society for three or more years are at risk of giving birth to or fathering a child before age 18.
- Long-term disconnected young people are 13 times more likely to be poor as young adults (ages 26-28). Poverty rates among the disconnected are 44 percent for men and 56 percent for women, as compared with 3 to 4 percent among men and women who have kept their connections to society through jobs or school or the military.

What About Alaska?

In 1990 7.1 percent of Alaska teens were not in school and not in the labor force, with regional percentages ranging from 6 (in Interior Alaska) to 13.4 (in Southwest Alaska).[58]

Percent of Teens Not In High School and Not in Labor Force, 1990
(Among All Teens 16-19)

Source: *U.S. Bureau of the Census; Alaska Bureau of Vital Statistics*

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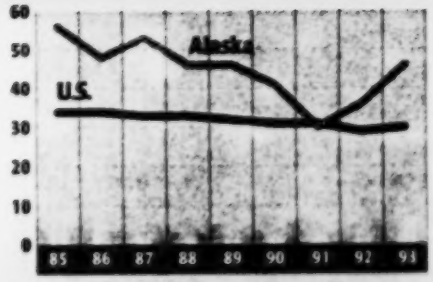
Death Rate

Trend 1985-1993: Child Death Rate

(Deaths per 100 000 children ages 1-14)



Source: *Kids Count Data Book, 1996, Annie E. Casey Foundation*

Definition

The child death rate is the number of deaths from all causes per 100,000 children ages 1-14. The data are reported by child's place of residence, not place of death.

Significance

The death rate among children is an indication of whether children are living in safe and supervised environments and are receiving adequate nutrition, health care, and preventive services. Once children survive the first year of life, mortality drops sharply. However, many children are exposed to high risks as they move toward adolescence.

The child death rate in the United States has fallen in the past several years, due largely to advances in medical care and the general decrease in motor vehicle accidents—which are a major cause of death among children.

Despite the overall decline in child death rates, however, some children—especially poor children living in dangerous neighborhoods—still face hazardous conditions.

Impact

- The primary cause of death for children of all ages in the United States is unintentional injury—which is often preventable. In 1991, such injuries claimed 4,404 lives among American children between the ages of 1 and 9.[59]

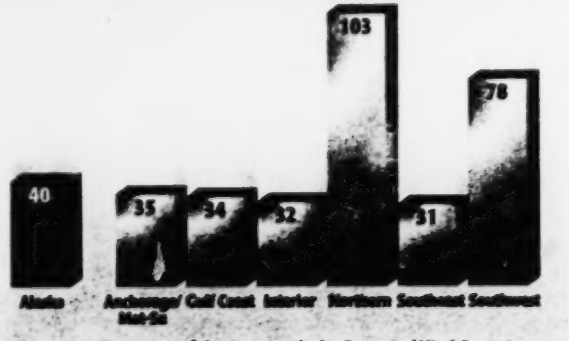
- Motor vehicle crashes are the single largest cause of injury death for children between ages 1 and 9. Following motor vehicle crashes, fires and related burns and drowning are the leading causes of unintentional injury deaths in children. The death rates from fires and drowning for children ages 1-4 are approximately three times the rate for children ages 5-9.

- The rate of deaths from homicide nearly tripled between 1960 and 1991. Homicide is now the fourth leading cause of death among children ages 1 to 9.[60]

- According to a 1990 estimate, approximately 3,600 children die each year, 20,000 become permanently disabled, 350,000 are hospitalized, and 15 million visit the emergency room because of unintentional injuries.[61]

Child Death Rate

(Death Rate per 100 000 Children Age 1 to 14, 5 year average 1989-1993)



Source: *U.S. Bureau of the Census; Alaska Bureau of Vital Statistics*

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What About Alaska?

Although the child death rate in Alaska has been lower in the 1990s than it was in the 1980s, Alaska still had the highest child death rate in the nation in 1993.[62]

From 1989 to 1993, the average child death rate in Alaska was 40 per 100,000 children, compared with a national rate of 31 per 100,000. The child death rate varied greatly across regions of the state. Rates were highest in the Northern (103 per 100,000) and Southwest regions (78 per 100,000). The lowest rates were in the Interior (32 per 100,000), and Southeast (31 per 100,000).

In Alaska, accidents are the leading cause of death among children age 1-14, followed by natural causes and homicides. A total of 293 Alaskan children ages 1-14 died between 1989 and 1993. The adjacent table shows causes of death among children of different ages between 1989 and 1993; remember that the numbers are very small in some categories.

Causes of Death for Alaskan Children Ages 1-14, 1989-1993*

Age 1-4	Number of Deaths	Percent of Total
Accident	63	49.6%
Suicide	0	—
Homicide	10	7.9%
Other (Undetermined/Pending)	2	1.6%
Natural	52	41.0%
Total	**127**	**100%**

Age 5-9	Number of Deaths	Percent of Total
Accident	40	56.3%
Suicide	0	—
Homicide	8	11.3%
Other (Undetermined/Pending)	0	—
Natural	23	32.4%
Total	**71**	**100%**

Age 10-14	Number of Deaths	Percent of Total
Accident	49	51.6%
Suicide	7	7.4%
Homicide	10	10.5%
Other (Undetermined/Pending)	1	1.1%
Natural	28	29.5%
Total	**95**	**100%**

*The total number of children age 1-14 who died between 1989-1993 was 293.

Sources: Alaska Bureau of Vital Statistics, U.S. Bureau of the Census

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Child Abuse and Neglect

Definition

Child abuse is defined as an act—or failure to act—by a person with custodial responsibility for a child, that results in actual or threatened danger to the child's physical or emotional well-being.[63]

Neglect includes emotional, medical, or physical neglect, or a failure to thrive.[64]

The child abuse and neglect rate can be measured in two principal ways:

- By the reported cases (adjusted to eliminate duplicate cases involving the same child) of child abuse and neglect, per 1,000 children under 18.
- By the substantiated cases (adjusted to eliminate duplicate cases involving the same child) of child abuse and neglect per 1,000 children under 18.[65]

Here we report rates in both ways, always making it clear which measurement we are reporting. Experts disagree about which is the more valid measure—but everyone agrees that child abuse is a serious problem. The discussion on page 35 examines why reporting rates of child maltreatment is complex, and how the Division of Family and Youth Services in Alaska records and categorizes reported cases of child abuse and neglect.

Significance

Child abuse and neglect lead to physical, emotional, and social problems for children and families—including psychiatric and behavioral disorders, delayed development, permanent disability, poor academic performance, delinquency and deviant behavior, anxiety and depression, alcoholism and substance abuse, suicide, teen pregnancy, and domestic and criminal violence.

The economic consequences of child abuse and neglect are staggering, including the costs of foster care, court services, counseling, specialized education, and medical care for victims.[66]

Although child abuse and neglect affect people of all races, ethnicities, cultures, and socioeconomic groups, abuse and neglect are more common among families living in poverty. Given the higher rates of poverty among minority groups, children from these groups enter the child protection system at disproportionately higher rates.[67]

Impact

- Research indicates that victims of child abuse are at higher risk of abusing their own children when they become parents.[68]
- In 1994, an estimated 1,271 American children—over three children a day—died from abuse and neglect.[69]
- Neglect was the largest single category of child abuse nationwide in 1992, accounting for 43 percent of substantiated cases.[70]
- A majority (62 percent) of pregnant teens or teens with children report having been sexually abused as children.[71]
- Ninety percent of juvenile delinquents and adult prisoners report being abused as children.[72]
- The majority of child deaths nationwide due to abuse and neglect occur among children under the age of two.[73]
- Children under the age of five suffer 86 percent of child abuse nationwide.[74]

- Victims of child abuse and neglect are 53 percent more likely to be arrested for juvenile delinquency and 38 percent more likely to be arrested for violent crimes than children who were not abused.[75]

- Being a victim of childhood abuse increases the odds of future delinquency and adult criminality by 40 percent.[76]

- One-third of child abuse victims will become abusive parents themselves.[77]

What About Alaska?[78]

Interpreting Child Abuse and Neglect Rates: A Note of Caution

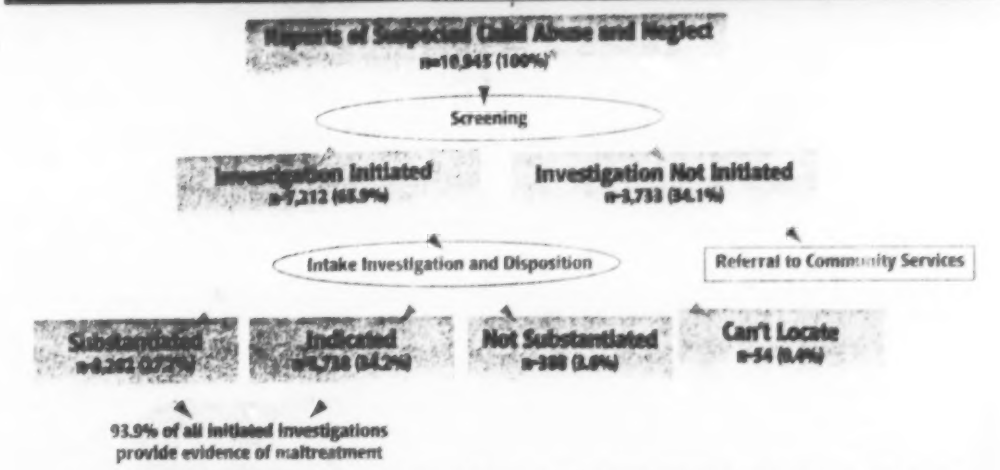
Reliable and valid measures of the prevalence of child abuse and neglect are very difficult to obtain. While some cases of suspected child abuse and neglect are never reported, other cases receive multiple reports. Furthermore, variations in the way cases are screened and investigated by child protective service agencies can also have a significant impact on the estimated prevalence of child abuse and neglect. Thus, readers should pay careful attention to what measures of child abuse are being used—and keep in mind that a number of factors can influence the reported rates of child abuse and neglect.

Investigation Procedures of the Division of Family and Youth Services

Many cases of suspected child abuse and neglect in Alaska are reviewed and investigated by the Division of Family and Youth Services in the Alaska Department of Health and Social Services. The flow chart below shows the investigative and classification process and numbers of children in each category in FY 1995.

A report of suspected child maltreatment can be made by anyone—including physicians, nurses, teachers, social workers, or others who have reason to believe that children are being abused or neglected. The division screens each report to determine if an investigation is required. Some cases are dropped after this initial screening. The cases that are investigated can fall into several categories. A substantiated case involves confirmed child abuse and neglect. An indicated (or "reason to suspect") case involves some evidence of child abuse

Overview of Child Protective Services, FY 1995
Division of Family and Youth Services



[a] *Sometimes there are multiple reports or investigations involving the same child. All numbers have been adjusted to remove duplicate reports involving the same child during this period.*
[b] *After an investigation is initiated, all families are offered services from DFYS, though not all accept.*

Source: Roger Withington, Division of Family and Youth Services, Alaska Department of Health and Social Services

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or neglect but not enough for definite confirmation. The case is considered not substantiated when no evidence of child abuse and neglect is found. Finally, when the division receives a report of suspected child abuse but the case worker can't locate the child, the case is classified as can't locate.

In the U.S. as a whole, the reported rates of child maltreatment were 45 per 1,000 children under 18 in 1993 and 47 per 1,000 in 1994.[2]

In Alaska, the 1992 reported rate of child maltreatment was 49 per 1,000 children under 18. By 1995, this rate had risen to 58.2—considerably above the national average. But even though the rate of reported cases of abuse and neglect of Alaskan children rose between 1992 and 1995, rates of substantiated cases actually dropped—from 17.7 per 1,000 children to 16.1. The table below shows the frequency of cases and the rate per 1,000 children for the four-year period from FY 1992 through FY 1995.

Trends in Child Abuse and Neglect Among Alaskan Children Under 18

	FY 1992		FY 1993		FY 1994		FY 1995	
	Cases[a]	Rate[b]	Cases	Rate	Cases	Rate	Cases	Rate
Reported	8,998	49.0	10,566	56.8	11,117	59.5	10,945	58.2
Investigation Not Initiated	1,063		2,316		2,923		3,733	
Investigation Initiated	7,935	43.2	8,250	44.4	8,194	43.8	7,212	38.3
Substantiated	3,257	17.7	3,661	19.7	3,398	18.2	3,032	16.1
Indicated	3,854	21.0	3,819	20.5	4,066	21.8	3,738	19.9
Not Substantiated	807	4.4	726	3.9	645	3.5	388	2.1
Can't Locate a Child	17	n/a	44	0.2	85	0.5	54	0.3

[a] *Unduplicated counts*
[b] *Rate per 1,000 children under 18*

Source: *Division of Family and Youth Services, State of Alaska Department of Health and Social Services*

In Alaska, children between the ages of 5 and 9 years old suffer the highest rate of maltreatment, as the table below shows.

Substantiated Child Abuse and Neglect Cases* Among Alaskan Children, by Age, Annual Average, FY92-FY95

Age Group	Average No. of Cases	Rate per 1,000 children
Under 1	289	1.6
1-4	867	4.7
5-9	1,035	5.6
10-14	861	4.6
15-17	304	1.6
Total	3,355	18.0

**Unduplicated counts*

Source: *Raw data were provided by the Division of Family and Youth Services, State of Alaska Department of Health and Social Services*

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Most cases of child maltreatment in Alaska are either neglect or physical abuse.

Rates of substantiated child abuse and neglect vary considerably by race in Alaska. The average annual rate, from 1992 through 1995, was 36.2 per 1,000 for Alaska Native children, 10.5 for White children, 28.6 for Black children, and 5.9 for Asian/Pacific Island children. Neglect accounted for most maltreatment of Native children. Among White children, rates of neglect and physical abuse were similar, while for Black children, cases of neglect somewhat outweighed cases of physical abuse.

Substantiated Child Abuse and Neglect[a] Among Alaskan Children[b] by Race and Type of Abuse, Annual Average FY92-FY95

	Per 1,000 Children									
Race	Neglect		Physical Abuse		Sexual Abuse		Mental Injury		Abandonment	
	# of cases	Rate	# of cases	Rate	# of cases	Rate	# of cases	Rate	# of cases	Rate
White	523	4.0	553	4.3	243	1.9	34	0.3	9	N/A
AK Native	957	24.3	282	7.2	141	3.6	28	0.7	16	N/A
Black	133	14.7	97	10.8	20	2.2	8	N/A	>1	N/A
Asian/P. Isl.	16	N/A	22	2.8	6	N/A	2	N/A	0	N/A

[a] *Unduplicated counts*
[b] *Under 18*

Source: *Raw data were provided by the Division of Family and Youth Services, State of Alaska Department of Health and Social Services*

N/A *means that there were too few cases to compute a rate*

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Substantiated Child Abuse and Neglect[a] Among Alaskan Children,[b] by Type of Abuse, Annual Average FY92-FY95

	Average No. of Cases	Rate per 1,000 children
Type of Abuse		
Neglect	1,745	9.4
Physical Abuse	1,055	5.7
Sexual Abuse	456	2.5
Mental Injury	75	0.4
Abandonment	25	0.1

Substantiated Child Abuse and Neglect[a] Among Alaskan Children,[b] by Race, Annual Average FY92-FY95

	Average No. of Cases	Rate per 1,000 children
Race		
White	1,361	10.5
AK Native	1,423	36.2
Black	258	28.6
Asian/P. Isl.	46	5.9

[a] *Unduplicated counts*
[b] *Under 18*

Source: *Division of Family and Youth Services, Alaska Department of Health and Social Services*

Teen Violent Death and Crime

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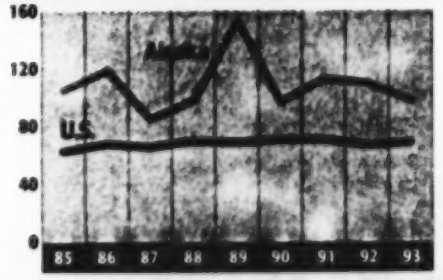
Death Rate

Trend 1985-1993: Teen Violent Deaths

Rate per 100,000 Teens Ages 15-19



Source: *Kids Count Data Book, 1996, Annie E. Casey Foundation*

Definition

The teen violent death rate is the number of deaths from homicides, suicides, and accidents per 100,000 teens ages 15-19. The data are reported by place of residence, not the place where the deaths occurred.

Significance

In 1992, over 11,000 teens died violent deaths in this country. Although teen deaths due to motor vehicle accidents have declined in recent years and the suicide rate remains stable, the number of homicides has grown dramatically. Researchers point to the growth of gangs and increased availability of handguns as important causes of the rise in teen violent deaths.

Impact

- Car crashes, homicides, and suicides are the leading causes of violent death among U.S. teens.[80]
- Three out of four homicide victims and two out of three suicide victims under 25 die from gunshot wounds.[81]
- Gunshot wounds of U.S. teens (ages 15-19) cost an estimated $18.6 billion annually —$12 billion for assault, $4.1 billion for suicide, and $2.5 billion for unintentional injury.[82]
- A recent study found that average hospital charges for treating a child with gunshot wounds were $14,000, excluding doctors' fees and rehabilitation costs.[83]
- In 1987, 1,300 American boys (19 and under) were murdered with guns; in the same year, fewer than 80 boys were murdered with guns in Canada, Japan, France, West Germany, Australia, England, Wales, and Sweden combined.[84]
- Black youths have the highest homicide rates, Hispanic youths the second highest. American Indian and Alaska Native youths have the highest suicide rates.[85]

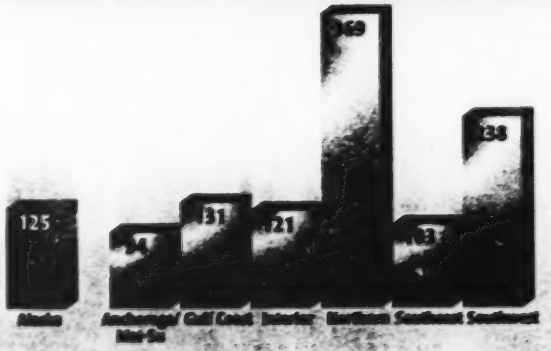
What About Alaska?

For the period 1989-1993, the violent death rate in Alaska was 125 per 100,000 teens (ages 15 to 19), compared with 70 per 100,000 in the U.S. However, the Alaska rate decreased 7 percent between 1985 and 1993, while the U.S. rate grew 10 percent.[86]

- Young Alaska Native men are at especially high risk of dying violent deaths.[87]
- Fatal injuries among Alaskan teens each year cost an estimated $48 million in lifetime lost productivity.[88]
- An estimated 2,600 years of potential life are lost yearly when Alaskan teens die violent deaths.[89]

Teen Violent Death Rate

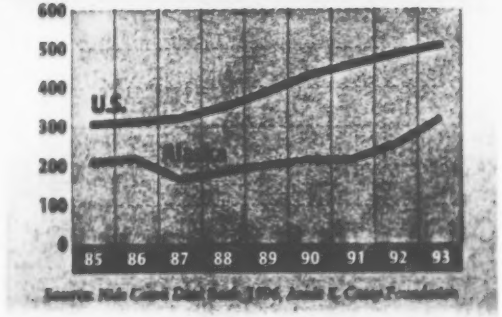
Accidents, Suicides, and Homicides per 100,000 Teens, Age 15 to 19, 5 year average 1989-1993



Source: *U.S. Bureau of the Census; Alaska Bureau of Vital Statistics*

Juvenile Violent

Trend 1985-1993: Juvenile Arrests for Violent Crime (Rate per 100,000, Ages 10-17)



Definition

The arrest rate for juvenile violent crime is the number of arrests per 100,000 juveniles (ages 10-17) for homicide, manslaughter, forcible rape, robbery, and aggravated assault. The figures include all arrests of youths for violent crimes, including repeated arrests of the same youth for different offenses.

Significance

An increase in the number of young people committing violent crimes is a major worry in the U.S. In 1993 the Federal Bureau of Investigation (FBI) estimated that 2,014,472 juveniles were arrested in the U.S.—a 3.7 percent increase from 1,943,138 juvenile arrests the previous year.[89]

Impact

- One out of five young Americans will have committed a serious offense by age 18.[91]
- In 1993, there were 3,647 teenage murderers in the U.S.; that number could leap to 5,000 by the year 2005, if current growth continues.[92]
- The rate of murders committed by teens rose 165 percent between 1983 and 1993.[93]
- In one large city in the U.S., over 50 percent of the 11th grade boys surveyed said they could easily obtain handguns.[94]

What About Alaska?

In 1990, Alaska's arrest rate for youths was 219 per 100,000, far lower than the national rate. But both the Alaska and the U.S. rate grew sharply in the early 1990s.

Response to Teen Crime

Since 1994, juveniles ages 16 or older who commit specific offenses against persons in Alaska can be tried as adults.[95]

In January 1995, Governor Tony Knowles created a Public Safety Policy Transition Team. One of the team's recommendations was establishment of a panel of experts to review juvenile issues—including crime prevention, alternatives to detention, parental involvement, restitution to victims, curfew, and truancy enforcement.[96]

The governor also convened a conference on Youth and Justice in November 1995. Three conference work groups were appointed to make recommendations to the governor regarding what citizens, communities, and the state can do to prevent and reduce juvenile crime.

Arrest Rate for Violent Crimes* by Juveniles, 1990
(Arrests per 100,000 Juveniles, Ages 10-17)

* Includes homicides, forcible rape, robbery, aggravated assault, and manslaughter

Note: Data are inadequate for regional breakdowns.

Source: U.S. Bureau of the Census; Alaska Bureau of Vital Statistics

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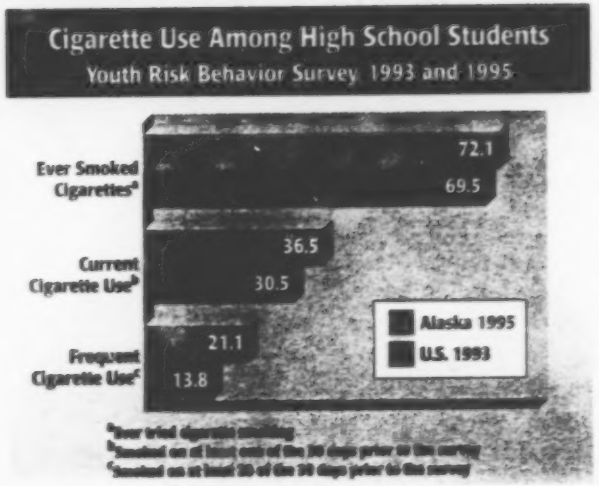
[illegible] Cigarettes



Definition

Based on data from the 1995 Youth Risk Behavior Survey (a joint project of the Alaska Departments of Health and Social Services and Education), this indicator shows the percentage of Alaskan high-school students who (1) have ever tried cigarette smoking, (2) currently smoke cigarettes (at least once in the 30 days before the survey), and (3) frequently smoke cigarettes (at least 20 of the 30 days before the survey).

Significance

Smoking can have lifelong consequences for young people. Cigarettes and other forms of tobacco are addictive and potentially lethal. Tobacco-related illness is the leading cause of premature death in the United States.[97]

Cigarette smoking has declined significantly among adults in the U.S. in recent years; 40.4 percent of adults smoked in 1965 but only 25.7 percent in 1991. Unfortunately, smoking among young people hasn't seen a similar decline. Rates of cigarette smoking by youths have remained basically the same since 1980. And the earlier in life children experiment with smoking, the more likely they are to smoke as adults.

Many steps have been either proposed or adopted to help prevent young people from using tobacco products. Those include more education about the dangers of tobacco, tobacco taxation, strict enforcement of laws regarding sales to minors, regulation of tobacco advertising—in particular advertisements targeting young people—and control of labeling, packaging, and contents of tobacco products. Most effective would be changes in the social norms and acceptability of tobacco use among youth and adults.

Impact

- The earlier teens begin smoking, the likelier they are to become regular smokers. Among those who begin smoking during the 6th grade, 67 percent go on to become regular smokers—but among those who start smoking in the 11th grade, 46 percent become regular adult smokers.[98]
- Among regular (daily) smokers, 89 percent first smoked by age 18; 71 percent of people who have ever smoked began smoking by age 18.[99]
- Over 400,000 people in the U.S. die each year of diseases related to tobacco use.[100]
- More people die each year from smoking-related illness than from AIDS, car accidents, alcohol use, suicide, homicide, fires, and illegal drug use combined.[101]
- On average, smokers reduce their life expectancy by about 15 years.[102]
- Lifetime medical expenditures for men who smoke are 28 percent greater than for non-smokers; among women, medical expenses are 21 percent higher for smokers than non-smokers.[103]

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- The one million youths who become regular smokers every year will cost the health care system $8.2 billion in extra medical expenditures during their lifetimes.[104]

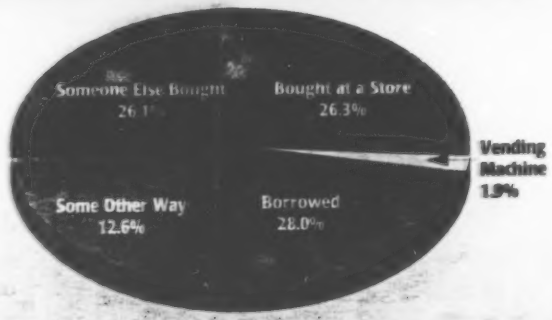
What About Alaska?

Nearly three out of four (72.1 percent) of the Alaskan high-school students surveyed in the 1995 Youth Risk Behavior Survey reported smoking cigarettes at least once. Smoking rates among Alaskan boys and girls are similar to national rates, but high-school students in Alaska reported more current cigarette use (36.5 percent) than U.S. students (30.5 percent) and more frequent cigarette use (21.1 percent) than U.S. students (13.8 percent), as the figure on page 45 shows.

Alaskan students who currently smoke were also asked about their usual source of cigarettes. Most students reported either borrowing cigarettes (28 percent), buying them (26.3 percent), or having someone else buy for them (26.1 percent).

Most Alaskan smokers (83.7 percent) began smoking between the ages of 10 and 20.[105]

Usual Source of Cigarettes In Past 30 Days*
Youth Risk Behavior Survey, 1995



*Among students who smoked cigarettes in past 30 days

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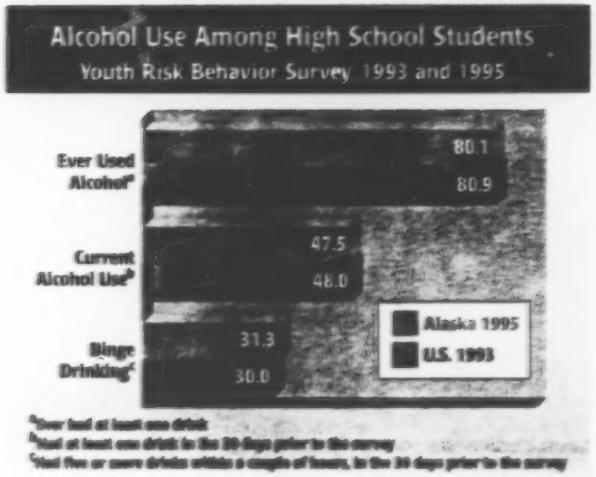
ohol and Drugs



Definition

Based on data from the 1995 Youth Risk Behavior Survey (a joint project of the Alaska Departments of Health and Social Services and Education), this indicator shows the percentage of Alaskan high-school students (1) who have ever used alcohol, marijuana, cocaine, inhalants, crack, steroids, or injection drugs; and (2) who had used alcohol, marijuana, or cocaine at least once in the 30 days before the survey.

Significance

Drug or alcohol use typically plays some role in motor vehicle accidents, drownings, homicides, and suicides—the four leading causes of death among teens in Alaska. Adolescent alcohol and drug use have serious consequences for mental, physical, and social development. Teenage drinking and drug use contribute to failure in school, difficulty in getting and holding jobs, fighting, vandalism and delinquency, unwanted pregnancy, and the spread of sexually transmitted diseases.[106] In addition, alcohol and drug use during pregnancy hurt the fetus as well as the mother.

Impact

- Teenage girls who use both marijuana and other illicit drugs are twice as likely as non-users to become pregnant before marriage.[107]
- Alcohol use is involved in nearly 40 percent of adolescent drownings.[108]
- Adolescents are more likely than adults to be in motor vehicle accidents involving the use of alcohol.[109]
- Use of cocaine among teens is associated with increased loneliness, thoughts of suicide, and psychotic behavior.[110]
- Teenagers who use marijuana and other illicit drugs are more likely to drop out of school than teens who don't—and the earlier a teen begins to use drugs, the less likely he is to stay in school.[111]
- Young adults who used illicit drugs during adolescence have higher rates of unemployment than those who didn't use drugs.[112]
- Medical treatment for a drug-affected baby will cost $63,000 over a 5 year period.[113]
- As teens get older, their parents are much less likely to warn them about the dangers of alcohol and drug use. In sixth grade, about 46 percent of students indicate that their parents talk to them about drugs either "often" or "a lot." By twelfth grade, this number is only half as large—23 percent.[114]

What About Alaska?

Levels of alcohol use seem to be similar among Alaskan and other U.S. high school students. About 81 percent of high-schoolers surveyed in Alaska and in the U.S. report trying alcohol at some time. Roughly 48 percent reported having at least one drink in the previous 30 days.

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Teens Using [illegible]

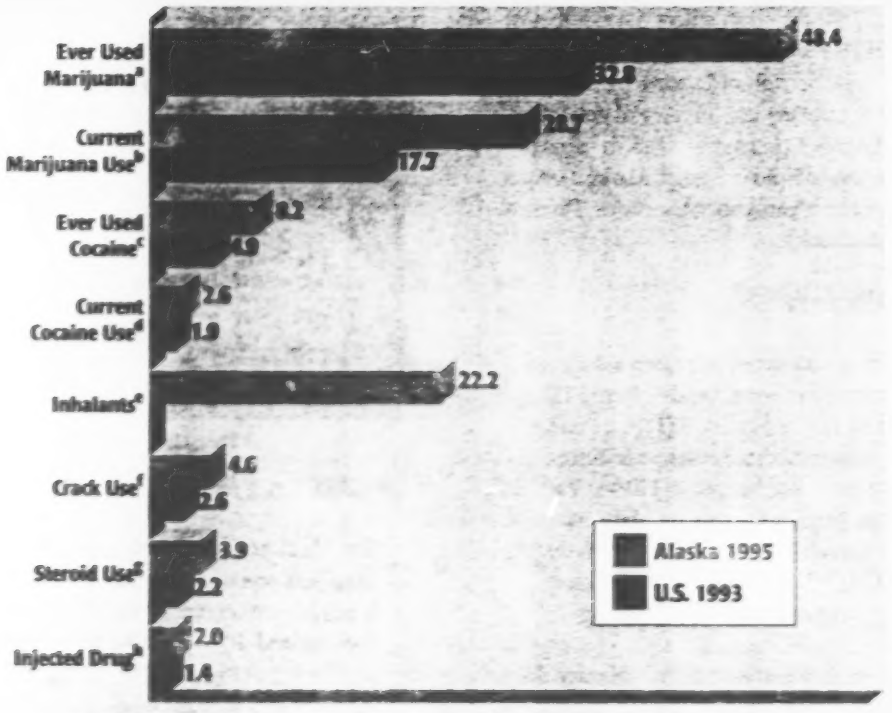
Approximately one third of high-school students in Alaska (31.3 percent) and in the U.S. (30 percent) reported binge drinking—that is, having 5 or more drinks within a couple of hours—in the 30 days before the survey. By comparison, about one in five (19.2 percent) of adults in Alaska are regular binge drinkers—consuming five or more drinks at a sitting, one or more times in the previous month.[115]

Drug use appears to be higher among Alaskan teens than other U.S. teens. High-school students surveyed in Alaska reported much higher use of all types of drugs than their peers in other states. Almost half (48.4 percent) of Alaskan high-school students reported trying marijuana, compared with 32.8 percent of other U.S. students. And 28.7 percent of Alaskan students reported using marijuana in the 30 days before the survey, compared with 17.7 percent among other U.S. students. A bigger percentage of Alaskan teens also reported trying cocaine and steroids.

More than one in five Alaskan teens reported using inhalants (such as glue, paints, or sprays) at some time; comparative data for other U.S. teens isn't available.

Use of Drugs by High School Students

Youth Risk Behavior Survey, 1993 and 1995



[a] Ever used marijuana
[b] Used marijuana one or more times in the 30 days preceding the survey
[c] Ever tried any form of cocaine
[d] Used cocaine one or more days in the 30 days prior to the survey
[e] Ever sniffed glue, breathed contents of spray cans or inhaled paints or sprays to get high; no U.S. data
[f] Ever used crack or freebase
[g] Ever used illegal steroids
[h] Ever used a needle to inject an illegal drug

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[illegible]mitted Diseases and HIV

Definition

Rates of gonorrhea reflect the number of infected teens per 100,000 teens ages 15-19. Rates of HIV infection reflect the number of positive HIV tests among individuals tested by the State Section of Laboratories. The source of information on rates of gonorrhea and HIV infection among Alaskan teens is the Section of Epidemiology, Alaska Department of Health and Social Services, Division of Public Health.

Significance

Early sexual activity is often associated with sexually transmitted diseases (STDs), including HIV infection. STDs can lead to pelvic inflammatory disease, infertility, sterility, and—in the case of HIV—death. In addition, both gonorrhea and HIV infection can be spread from mother to infant during childbirth. HIV can also be transmitted during pregnancy and breastfeeding.

Gonorrhea is treatable, but damage due to severe pelvic infection is often permanent. These infections can go untreated for long periods because they can be symptomless during early infection for some people (particularly women). HIV infection that leads to AIDS is not curable today, however, early treatment of HIV infection can affect the severity of illness and the length of time before an infected person acquires AIDS.

HIV Testing by Age

Tested between May 1, 1985-June 30, 1996

Age	Number Tested	Positive (%)
0-9	703	3 (0.4%)
10-19	11,753	27 (0.2%)
20-29	34,472	249 (0.7%)
30-39	29,327	230 (0.8%)
40-49	12,829	94 (0.7%)
50+	4,898	17 (0.3%)
Not Specified	28	0
Total	94,010	620 (0.7%)

Source: *State of Alaska Epidemiology Bulletin, No. 25, Aug. 8, 1996*

Impact

- The chances of contracting gonorrhea from just one sexual contact with an infected partner are about 50 percent for women and 20 to 25 percent for men.[116]
- About 4 of 5 women who contract gonorrhea will not have symptoms, but can pass the infection on to sexual partners.[117]
- Children born to mothers infected with gonorrhea can develop blindness, meningitis, and septic arthritis.[118]
- In addition to causing pelvic inflammatory disease, untreated gonorrhea can spread to the bloodstream, infecting joints, heart valves, and the brain.[119]
- Of the estimated 3,000 women infected with HIV each day worldwide, 70 percent are between the ages of 15 and 25.[120]
- The average lifetime cost of medical treatment for a patient with AIDS was $75,000 in 1990.[121]
- Every year, 2.5 million teens in the U.S. contract sexually transmitted diseases.[122]

What About Alaska?

Almost 50 percent of high-school students (both boys and girls) in Alaska report having sexual intercourse at least once; rates are somewhat higher in the U.S. as a whole. In 1995, 30 percent of high-school students in Alaska reported having sexual intercourse during the previous three months, compared with 37.5% of students in the U.S.[123]

In 1995, the rate of gonorrhea infection among Alaskan teens (ages 15-19 years) was 328 per 100,000. However, the rate of infection among teenage girls (512 per 100,000) was more than twice that for

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teenage boys (168 per 100,000). Teenage girls have the highest rate of gonorrhea infection in the state.[124] Nationally, however, the rate of gonorrhea infection among 15-19 year olds is more than three times higher (1,029 per 100,000) than it is in Alaska.[125]

From May 1985 through June 30, 1996, 620 of 94,010 persons—0.7 percent—tested through the Section of Laboratories, Division of Public Health, were positive for HIV infection.[126] A total of 3 (0.4 percent) of the 703 children under 10 years of age tested were positive for HIV; 27 (0.2 percent) of 11,753 youths between the ages of 10 and 19 tested positive for HIV.[127]

Gonorrhea in Alaska, 1995, by Age and Sex

	Number of Cases			Rates per 100,000		
Age Group	Male	Female	Total	Male	Female	Total
0-4	1	0	1	3.43	0	1.74
5-9	0	0	0	0	0	0
10-14	0	8	8	0	32.6	15.87
15-19	35	93	128	168.03	512.03	328.27
20-24	67	87	154	254.77	400.53	320.71
25-29	60	35	95	209.02	135.72	174.33
30-34	68	50	118	217.58	168.29	193.56
35-39	49	26	75	157.91	87.21	123.27
40-44	30	9	39	104.65	35.92	72.59
45-49	21	3	24	95.48	16.16	59.17
50-54	5	3	8	33.63	23.54	28.97
55-59	4	0	4	40.63	0	21.95
60+	2	1	3	10.27	4.88	7.51
Total*	342	318	660	108.15	109.63	108.86

Source: *State of Alaska Department of Health and Social Services, Epidemiology Office, 1/24/96*

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Documentation of Indicators

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Indicators

The **Kids Count Alaska** regions (shown on the map on page 9) are the labor market regions the Alaska Department of Labor uses. For all indicators we used the most reliable data available. Some indicators can be reported by race, age, and sex. We did not calculate rates for a given breakdown if there were fewer than 20 events.

Indicator	Definition	Source	Years Available	Geographic Breakdown	Gender Breakdown	Race Breakdown	Age Breakdown
Babies with Low Birth Weight	Percent of live births weighing under 2,500 grams (5.5 pounds)	Alaska Bureau of Vital Statistics	80-93	*	All years	All years	1989-93 only
Infant Mortality Rate	Number of deaths of infants under age 1 per 1,000 live births	Alaska Bureau of Vital Statistics	77-93	*	All years	All years	1977-92 only
Immunizations by Age Two	Percentage of children who have received preventive vaccines by the age of 24 months	Alaska DHSS, Division of Public Health, Section of Epidemiology	1995	Regional breakdowns only	Not available	Not available	Not available
Children Living in Poverty	Children in families with incomes below the poverty threshold	U.S. Bureau of the Census	80 and 90	ANRC*	Not available	Not available	Some age groups
Children in Families Headed by Single Parents	Families headed by single parents with children	U.S. Bureau of the Census	80 and 90	ANRC*	Not available	Not available	Not available
Births to Teens	Births per 1,000 single females age 15-19 (changed to births to all 15-17 in 1993)	Alaska Bureau of Vital Statistics, U.S. Bureau of the Census	80 and 90	*	Not applicable	89-93	89-93 only
Teens Who Are High-School Dropouts	Teens age 16-19 who are not in school and not high-school graduates	U.S. Bureau of the Census	80 and 90	ANRC*	80 and 90	80 and 90	80 and 90
Teens Not in School and Not Working	Teens who are not in school, not in the labor force and not in Armed Forces	U.S. Bureau of the Census	80 and 90	ANRC*	80 and 90	80 and 90	Not available
Child Death Rate	Number of deaths per 100,000 children age 1-14	Alaska Bureau of Vital Statistics, U.S. Bureau of the Census	77-93	*	All years	All years	77-92 only

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Indicator	Definition	Source	Years Available	Geographic Breakdown	Gender Breakdown	Race Breakdown	Age Breakdown
Child Abuse and Neglect	Number of substantiated, unduplicated cases of child abuse and neglect per 1,000 children under age 18	Division of Family and Youth Services, Alaska DHSS	FY92-95	Not available	All years	All years	All years
Teen Violent Death	Number of deaths from homicides, suicides, and accidents per 100,000 teens age 15-19	Alaska Bureau of Vital Statistics, U.S. Bureau of the Census	77-93	*	All years	All years	77-92 only
Juvenile Violent Crime Arrests	Number of arrests for violent offenses per 100,000 youths age 10-17	Alaska Department of Public Safety, U.S. Bureau of the Census	97-94	Anchorage and Fairbanks only	87-94	88-94	Some age groups
Teens Smoking Cigarettes	Percent of high-school students who: 1) ever tried cigarette smoking, 2) currently smoke	Youth Risk Behavior Survey (YRBS)	1995	Not available	1995	1995	Some age groups
Teens Using Alcohol and Drugs	Percent of high-school students who: 1) have ever used marijuana, cocaine, inhalants, steroids, or injection drugs, and 2) currently use alcohol, marijuana or cocaine	Youth Risk Behavior Survey (YRBS)	1995	Not available	1995	1995	Some age groups
Sexually Transmitted Diseases and HIV	Number of teens (per 100,000 ages 15-19) infected with gonorrhea. Number of positive HIV tests among Alaskans tested through the State Section of Laboratories	Alaska DHSS, Division of Public Health	1995-96	Not available	1995-96	1995-96	Some age groups

* *We calculated the regional figures by first calculating indicators for boroughs and census areas. Thus, most indicators are available for regions, boroughs, and census areas—although sometimes figures for census areas are too small too be meaningful. Other available breakdowns are noted.*

ANCs stands for Alaska Native Regional Corporations.

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[1] *Healthy Alaskans 2000: Changing the course of public health for the decade*, State of Alaska Department of Health and Social Services, February 1994, p. 136.

[2] *The Future of Children: Low Birth Weight*, Center for the Future of Children, The David and Lucile Packard Foundation, 5 (1) Spring 1995, p. 4.

[3] Ibid., p. 30.

[4] Ibid., p. 4.

[5] Ibid., p. 7.

[6] *Healthy Alaskans 2000*, p. 136.

[7] *The Future of Children*, p. 124.

[8] *Healthy Alaskans 2000*, page 136.

[9] *The Future of Children*, page 20.

[10] *Kids Count Data Book 1996*, Annie E. Casey Foundation.

[11] Ibid.

[12] *Healthy Alaskans 2000*, page 136.

[13] *Prenatal Care in Alaska: More Costs Less*, Senate Advisory Council, Alaska State Legislature, 1988 (Research Request 88-003247).

[14] Laurel Wood of the Section of Epidemiology of the Alaska Department of Health and Social Services provided the data for this indicator.

[15] "Income, poverty, and valuation of noncash benefits," U.S. Department of Commerce, Bureau of the Census. *Current Population Reports*, Series P60-189, Appendix A, 1994.

[16] *Invest in Our Children: An interim report from the child health planning work group to the governor and the people of Alaska*, Volume II. "Needs Assessment and Demographic Profile of Alaska's Children," Alaska Department of Health and Social Services, October 1994.

[17] *A hand up: How state earned income credits help working families escape poverty* (1996, 6th ed.), I. J. Lav and E. B. Lazere (eds.), Washington, D. C., Center on Budget and Policy Priorities, pages 3 and 4.

[18] *Kids Count Data Book 1995*, Annie E. Casey Foundation.

[19] J. K. Knitzer and J. L. Aber, "Young children in poverty: Facing the facts." In *American Journal of Orthopsychiatry*, 1995, 65 (2), 174-176.

[20] Ibid.

[21] Ibid.

[22] *Kids Count in Nebraska*, 1995.

[23] *Oregon's Children and Families*, 1994.

[24] *Kids Count in Nebraska*, 1995.

[25] *Kids Count Data Book*, 1996.

[26] *Invest in Our Children: An interim report from the child health planning work group to the governor and the people of Alaska*, Volume II: "Needs Assessment and Demographic Profile of Alaska's Children," Alaska Department of Health and Social Services, October 1994, page 12.

[27] *Invest in Our Children: Strategic Plan*, page 17.

[28] *Healthy Alaskans 2000*, page 135.

[29] *Patterns, Causes, and Consequences of Out-of-Wedlock Childbearing: What Can Government Do?*, University of Wisconsin-Madison, Institute for Research on Poverty, IRP Special Report, Welfare Reform in the 104th Congress, Congressional Forum II, SR #64, May 1995, page 29.

[30] Ibid.

[31] Ibid.

[32] Ibid.

[33] *Kids Count Data Book*, 1996.

[34] Ibid.

[35] *Adolescent Health*: Volume II, "Background and effectiveness of selective prevention and treatment services." Congress of the United States, Office of Technology Assessment, OTA-H-466, Washington D.C., U.S. Government Printing Office, November 1991, pages 323- 356.

[36] Ibid.

[37] F.L. Sonenstein and G. Acs, Urban Institute. *Welfare Reform Briefs*, Number 3, June 1995, "Teenage Childbearing: The trends and their implications," page 2.

[38] Ibid., page 3.

[39] *Adolescent Health* Volume II, pages 323-356.

[40] Ibid.

[41] *Kids Count Data Book*, 1996.

[42] Ibid.

[43] *Kids Count Data Book*, 1995.

[44] *Invest in Our Children*, page 19.

[45] *Kids Count Data Book*, 1995.

[46] *Alaska's adolescents: A plan for the future*, Alaska Department of Health and Social Services, 1994, page 79.

[47] Ibid.

[48] Ibid.

[49] *Kids Count Data Book*, 1995.

[50] Ibid.

[51] *Alaska's adolescents*, page 79.

[52] Ibid.

[53] Ibid.

[54] Ibid.

[55] *Kids Count Data Book*, 1995.

[56] B. V. Brown, *Who are America's disconnected youth?* Final report prepared for the American Enterprise Institute, March 1996.

[57] The impact statements below are based on the study by B. V. Brown, cited in note 56. That study uses a more conservative definition of "disconnectedness" than Kids Count does. It includes not only teenagers not enrolled in school (full-time or part-time), not in the labor force, and not in the Armed Forces, but also teenagers not married to someone in school or working.

[58] Our calculation of this indicator for Alaska differs somewhat from the national measure—partly because in order to do regional comparisons we used a different source of information (the U.S. census instead of the Current Population Survey) and partly because we excluded unemployed teens.

[59] *Child Health USA '93*, U.S. Department of Health and Human Services, Public Health Service, Maternal and Child Health Bureau, 1993.

[60] Ibid.

[61] *The Future of Children*, page 214.

[62] *Kids Count Data Book*, 1996.

[63] Colorado Children's Campaign, *Kids Count in Colorado*, 1994.

[64] *Kids Count in Nebraska*, 1995.

[65] Data from several national studies suggest that the prevalence of child maltreatment is several times higher than the reported numbers. However, other estimates indicate that only 35 to 50 percent of reports are substantiated upon investigation (*New York State Kids Count*, 1995). Although the use of substantiated cases as a measure of child abuse and neglect is likely to underestimate the problem, using the number of reported incidents of abuse and neglect can also be problematic. Significant increases in reporting may be due to highly publicized cases or to public awareness campaigns focused on child maltreatment. Moreover, reports of child abuse and neglect are not always supported by evidence obtained in follow-up investigations. Whether or not substantiated cases or reports are used, in some cases high rates may indicate better reporting or a reliance on lower standards of evidence to indicate cases. Low rates, however, may represent stricter screening of the evidence (*New York State Kids Count*, 1995).

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